2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 31, 2006 8:00 am Secretary of State

DOCUMENT # N9800003903 1. Entity Name NORTH FLORIDA REGIONAL MEDICAL ARTS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business 6500 NEWREPRY POAD P. 0. ROX 147006								08-31-2006 90	0002 01	7 ****61.3	25
6500 NEWBERRY ROAD P.O. BOX 147006 GAINESVILLE, FL 32605 GAINESVILLE, FL 32614							 	ITIDI IDIN Bo hi s din bay	II CONU DINCI		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07182006	Chg-NP	CR2E	037 (4/06)	
City & State *			City & State			4. FEI Number Applied For 59-3560211 Not Applicable				t Applicable	
Zip 	Zip Country				untry	5. Certificate of Status Desired S8.75 Addition Fee Required					
6. Name and Address of Current Registered Agent					Name		7. Name and	Address of New R	egistered	Agent	
QUINLIVAN, JOHN 6500 NEWBERRY ROAD GAINESVILLE, FL 32605				Name Street Address (P.O. Box Number is Not Acceptable)							
GAINESVI	ILLE, FL 、	32005			City					7 in Code	
A The above	named entit	y submits this statement for	the nurrose of changing its	registere	City ed office or r	renistere	ed agent or bot	h in the State of Flo	FI		
	tions of regis		ing harhasa or crishiling we	Inglision	BG UNICO U.,	legisto.	su ayem, or bod	II, III the State on I it,	MUU. I Coo	l fallibilati sestel	anu accept
SIGNATURE	Simature, typeo	opprinted arms of registered agent at	nd tiple it applicable. (NOTI	E: Registere	d Agent signature	re required	when reinstating)	2/12/	DATE		
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	Filing Fe	e is \$61.25	9. Election Can			_	\$5.00 May B			k payable to	
	_	otember 6, 2006	Trust Fund C	Contributi			\$5.00 May Bo	Flor	ida Depa	rtment of St	ate
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